Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06-14-2010</u>	Address:	28 1/2 S. SR 13
Case #:	<u>16-19774</u>		<u>Urbana, IN 46990</u>
County:	<u>Wabash (85)</u>		
		•	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Four	nd: Location (bedroom, kitchen, open ai	r, etc)	
(check all th	nat apply) n/Ammonia Reaction(s): <u>Living Roon</u>	<u>1</u>	
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: <u>Bedroom</u>			
☐ Water R	Reactive Metal (Lithium):		
Anhydro	ous Ammonia:		
⊠ Hydrochloric Acid Gas Generator(s): <u>Living Room</u>			
Corrosive Acid: Bathroom			
Corrosiv	ve Base: Bedroom		
Other (i	tem and location):		
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip —
This repor	t is to be faxed to the following ager	cies that serve the le	ocation:
Fire Depart	ment: <u>Urbana V.F.D.</u>	Fax: (260) 774-3648	
Health Department: Wabash County		Fax: <u>(260)</u> Fax: N/ <u>A</u>	<u>563-6082</u>
Child Prote	ection Service: <u>N/A</u>	- WO NA.	
	information regarding this methamph ng Officer: <u>T.J. Zeiser</u> Pho	etamine laboratory, c ne <u>765-473-6666</u>	ontact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.